

Release of Medication

This is to verify that I, _____, have received the following medications upon my release from the program:

Name of Medication	Dosage	Quantity

The appropriate use and dosage of my medication has been described to me. I have also been advised of the adverse consequences and physical harm that can result from abuse and misuse of my medication. I understand that I can contact a physician at _____ should I have any questions regarding my medication. I also understand and have been offered referrals for medication monitoring as needed. By signing this document, I accept full responsibility for my medication and my use of it.

Resident Signature: _____ Date _____

Staff Signature: _____ Date _____

